

# **1999-2000 TOBACCO CONTROL**



## **PROGRAM SURVEY**

**This Survey is Administered By:**  
THE GALLUP ORGANIZATION

## **INSTRUCTIONS**

All the information you give us in this survey is confidential. This means that it will be kept secret and private. Please do not write your name on the survey. This is not a test. This is your chance to tell us what you think. Please feel free to ask us any questions.

*Read each question carefully.*

*Mark the box next to your answer like this:*



OR



If you have any questions, raise your hand.

## **DEFINITIONS**

**Cigarettes** are tobacco wrapped in paper and smoked.

**Cigars** are tobacco wrapped in tobacco leaves. Often they are larger than cigarettes.

**Snuff** is a powdered substance that comes in cans like Skoal or Copenhagen.

**Chewing tobacco** is shredded tobacco leaves found in pouches like Beechnut or Redman.

**Tobacco use** refers to the use of any type of tobacco such as cigarettes, snuff, or chewing tobacco.

A **non-smoker** is someone who does not smoke cigarettes.

If people get **addicted** to a drug, they get hooked on it. They feel bad (physically and mentally) unless they use the drug every day.

**Second-hand smoke** is smoke from someone else's cigarette that is in the air that you breathe.

**Advertisements** are commercials used to sell products. They may appear in newspapers and magazines, or on TV, radio, and billboards (outdoor signs).



## SECTION A: BACKGROUND

**A1.** What is your grade?

☐ 4<sup>th</sup> grade

☐ 5<sup>th</sup> grade

☐ 6<sup>th</sup> grade

☐ 7<sup>th</sup> grade

☐ 8<sup>th</sup> grade

☐ 9<sup>th</sup> grade

☐ 10<sup>th</sup> grade

☐ 11<sup>th</sup> grade

**A2.** How old are you?

☐ 8 years

☐ 9 years

☐ 10 years

☐ 11 years

☐ 12 years

☐ 13 years

☐ 14 years

☐ 15 years

☐ 16 years

☐ 17 years

☐ 18 years

**A3.** Are you a...?

☐ Boy

☐ Girl

**A4.** Did you go to this school last year?

☐☐

Yes

No

**A5.**

How would you describe yourself? (You may mark more than one answer to this question.)

- |   |  |
|---|--|
| <input type="checkbox"/> Latino, Hispanic,<br>Mexican American, or Chicano            | <input type="checkbox"/> Filipino                                    |
| <input type="checkbox"/> Black or African American                                    | <input type="checkbox"/> Japanese                                    |
| <input type="checkbox"/> White  | <input type="checkbox"/> Korean                                      |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Pacific Islander<br>(Guam, Tonga, or Samoa) |
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Laotian                                     |
| <input type="checkbox"/> Vietnamese   |  |
| <input type="checkbox"/> American Indian (Native American Indian)<br>or Alaska Native |  |
| <input type="checkbox"/> Other (describe) _____                                       |  |

**A6.**

In general, what language do you read and speak?

- ☐ Only English
- ☐ Mostly English
- ☐ 1/2 English and 1/2 another language
- ☐ Mostly another language
- ☐ Only another language

**A7.**

What language do you usually speak at home?

- ☐ Only English
- ☐
- ☐

Mostly English

1/2 English and 1/2 another language

Mostly another language

☐ Only another language

**A8.** In which language do you usually think?

☐ Only English

☐ Mostly English

☐ 1/2 English and 1/2 another language

☐ Mostly another language

☐ Only another language

**A9.** What language do you usually speak with your friends?

☐ Only English

☐ Mostly English

☐ 1/2 English and 1/2 another language

☐ Mostly another language

☐ Only another language



## SECTION B: SCHOOL PROGRAMS

### INSTRUCTIONS:

*In this section, we ask about school activities that happened during the last year (12 months). When you are answering these questions, think about last school year (when you were in 4<sup>th</sup> grade) and what has happened so far during this school year.*

**B1.** During the last year (12 months), did you have any school lessons about tobacco use?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B2.** During the last year (12 months), did you practice different ways to say "no" to tobacco offers during any class at school (for example, in role plays)?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B3.** During the last year (12 months), did a guest speaker (for example, a nurse or someone from your community) talk to your class about tobacco use?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B4.**

During the last year (12 months), did you go to a school assembly or event about tobacco use?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B5.**

During the last year (12 months), did your school have a contest about tobacco use (for example, a poster or essay contest)?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B6.**

During the last year (12 months), did a student from middle or high school come to your class to talk about tobacco use?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B7.**

Are there teachers or other adults at your school that you could talk to if you had a tobacco use problem?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**B8.** During the last year (12 months), did your school celebrate a special day called “Great American Smoke-out” or “Smoke Scream”?

- ☐ Yes
- ☐ No
- ☐ I don’t know/I’m not sure

**B9.** During the last year (12 months), did you discuss cigars during any of your classes?

- ☐ Yes
- ☐ No
- ☐ I don’t know/I’m not sure

**B10.** During the last year (12 months), did you discuss reasons why people your age smoke during any of your classes?

- ☐ Yes
- ☐ No
- ☐ I don’t know/I’m not sure

**B11.** During the last year (12 months), did you discuss how many people your age smoke during any of your classes?

- ☐ Yes
- ☐ No
- ☐ I don’t know/I’m not sure

**B12.** During the last year (12 months), did you discuss the effects of cigarette smoking on your body during any of your classes?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**B13.** During the last year (12 months), did you discuss the effects of second-hand smoke during any of your classes?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**B14.** During the last year (12 months), was the information you received in school helpful in making decisions about tobacco use?

- ☐ Yes, very helpful
- ☐ Yes, sort of helpful
- ☐ No, not very helpful
- ☐ No, not helpful at all
- ☐ During the last year, I have not received any information in school about tobacco

**B15.**

What grades did you get in school last year?

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mostly A's  | <input type="checkbox"/> C's and D's |
| <input type="checkbox"/> A's and B's | <input type="checkbox"/> Mostly D's  |
| <input type="checkbox"/> Mostly B's  | <input type="checkbox"/> D's and F's |
| <input type="checkbox"/> B's and C's | <input type="checkbox"/> Mostly F's  |
| <input type="checkbox"/> Mostly C's  |                                      |



## SECTION C: CIGARETTE USE

**C1.**

Have you ever tried cigarette smoking, even a few puffs?

- ☐ Yes
- ☐ No

**C2.**

Have you ever smoked a whole cigarette?

- ☐ Yes
- ☐ No

**C3.**

Have you smoked at least 100 cigarettes in your life?

- ☐ Yes
- ☐ No

**C4.**

Think about the last 30 days. On how many of these days did you smoke a cigarette?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days      | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days   |
| <input type="checkbox"/> 6 to 9 days |  |

**C5.**

Do you think it would be easy or hard for you to get cigarettes if you wanted some?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very easy    | <input type="checkbox"/> Sort of hard |
| <input type="checkbox"/> Sort of easy | <input type="checkbox"/> Very hard    |

**C6.**

The last time you smoked, how did you get the cigarettes? **(Be sure to mark one answer only.)**

- |  |   |
|--|---|
| <input type="checkbox"/> I never smoked cigarettes                                 | <input type="checkbox"/> Other people (besides my family or or friends) <u>bought</u> them for me (with my money) |
| <input type="checkbox"/> I bought them myself                                      |   |
| <input type="checkbox"/> A friend <u>bought</u> them for me (with my money)        | <input type="checkbox"/> Other people (besides my family or friends) <u>gave</u> them to me                       |
| <input type="checkbox"/> A friend <u>gave</u> them to me                           | <input type="checkbox"/> I took them from a <u>store</u> without permission                                       |
| <input type="checkbox"/> A family member <u>bought</u> them for me (with my money) | <input type="checkbox"/> I took them from a <u>person</u> without permission                                      |
| <input type="checkbox"/> A family member <u>gave</u> them to me                    | <input type="checkbox"/> Other (describe) _____   |



## SECTION D: OTHER TOBACCO USE

**D1.** Have you ever tried chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

☐ Yes

☐ No

**D2.** At any time during the next year (12 months), do you think you will use chewing tobacco or snuff?

☐ Definitely yes

☐ Probably yes

☐ Probably not

☐ Definitely not

**D3.** Think about the last 30 days. On how many of those days did you use chewing tobacco or snuff?

☐ 0 days

☐ 10 to 19 days

☐ 1 or 2 days

☐ 20 to 29 days

☐ 3 to 5 days

☐ All 30 days

☐ 6 to 9 days

**D4.** Do you think it would be easy or hard for you to get chewing tobacco or snuff if you wanted some?

☐ Very easy

☐ Sort of hard

☐ Sort of easy

☐ Very hard

**D5.** How many cigars have you smoked in your whole life?

- |   |  |
|---|--|
| <input type="checkbox"/> None                     | <input type="checkbox"/> 2 to 4 cigars       |
| <input type="checkbox"/> Only a few puffs         | <input type="checkbox"/> 5 to 20 cigars      |
| <input type="checkbox"/> Part or all of one cigar | <input type="checkbox"/> More than 20 cigars |

**D6.** At any time during the next year (12 months), do you think you will smoke a cigar?

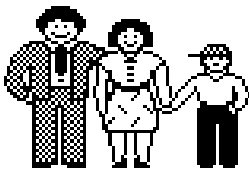
- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

**D7.** Think about the last 30 days. On how many of those days did you smoke a cigar?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days      | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days   |
| <input type="checkbox"/> 6 to 9 days |  |

**D8.** Do you think it would be easy or hard for you to get cigars if you wanted some?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very easy    | <input type="checkbox"/> Sort of hard |
| <input type="checkbox"/> Sort of easy | <input type="checkbox"/> Very hard    |



## SECTION E: CONSEQUENCES OF SMOKING

*INSTRUCTIONS:*

*Below are sentences about the results of smoking. What do you think about each one?*

**E1.** Smoking cigarettes makes teeth yellow.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**E2.** Smoking cigarettes is one way to lose friends who are nonsmokers.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**E3.** Smoking cigarettes makes people smell bad.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**E4.** Smokers have shorter lives than nonsmokers.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**E5.** Smokers have less energy than nonsmokers.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**E6.**

Young people who smoke cigarettes are more grown-up.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**E7.**

Young people who smoke cigarettes have more friends.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**E8.**

Smoking cigarettes makes young people more relaxed.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**E9.**

Tobacco companies try to get young people to start smoking by using advertisements that are attractive to young people.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**E10.**

Smoking cigarettes makes young people look cool.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**E11.**

Smoking cigars is just as harmful as smoking cigarettes.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**E12.**

Smoking cigarettes makes asthma worse.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**E13.**

Teenagers are too young to get addicted to cigarettes.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**E14.**

A pregnant woman can harm her unborn baby if she smokes cigarettes.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**E15.**

Nicotine is the only harmful substance in tobacco.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**E16.**

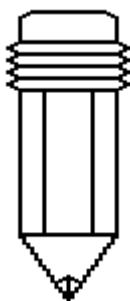
Most young people do not smoke cigarettes.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**E17.**

Breathing in smoke from someone else's cigar can cause lung cancer.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure



## SECTION F: SKILLS

**F1.**

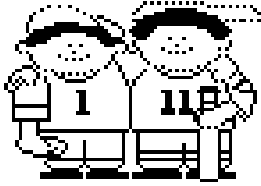
If your best friend offered you a cigarette and you did not want it, how easy or hard would it be to say "no"?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very hard    | <input type="checkbox"/> Sort of easy |
| <input type="checkbox"/> Sort of hard | <input type="checkbox"/> Very easy    |

**F2.**

If your best friend offered you a cigar and you did not want it, how easy or hard would it be to say "no"?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very hard    | <input type="checkbox"/> Sort of easy |
| <input type="checkbox"/> Sort of hard | <input type="checkbox"/> Very easy    |



## SECTION G: SOCIAL INFLUENCES

**G1.** How would your best friends act toward you if you smoked cigarettes?

☐ Very friendly

☐ Unfriendly

☐ Friendly

☐ Very unfriendly

### INSTRUCTIONS:

*The next questions ask you to think about 100 students your age. Imagine that 3 classrooms of students were all together in the same place (like the school auditorium). That would be about 100 students.*

**G2.** Out of every 100 students your age, how many do you think smoke cigarettes once a month or more?

☐ None of them

☐ About 60

☐ About 10

☐ About 70

☐ About 20

☐ About 80

☐ About 30

☐ About 90

☐ About 40

☐ About 100

☐ About 50

**G3.** Out of every 100 students your age, how many do you think use chewing tobacco or snuff once a month or more?

☐ None of them

☐ About 60

☐ About 10

☐ About 70

☐ About 20

☐ About 80

☐ About 30

☐ About 90

☐ About 40

☐ About 100

☐ About 50

**G4.** Out of every 100 students your age, how many do you think smoke cigars once a month or more?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None of them | <input type="checkbox"/> About 60  |
| <input type="checkbox"/> About 10     | <input type="checkbox"/> About 70  |
| <input type="checkbox"/> About 20     | <input type="checkbox"/> About 80  |
| <input type="checkbox"/> About 30     | <input type="checkbox"/> About 90  |
| <input type="checkbox"/> About 40     | <input type="checkbox"/> About 100 |
| <input type="checkbox"/> About 50     |                                    |

**G5.**

Out of every 100 adults in your community, how many do you think smoke cigarettes every day or almost every day?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None of them | <input type="checkbox"/> About 60  |
| <input type="checkbox"/> About 10     | <input type="checkbox"/> About 70  |
| <input type="checkbox"/> About 20     | <input type="checkbox"/> About 80  |
| <input type="checkbox"/> About 30     | <input type="checkbox"/> About 90  |
| <input type="checkbox"/> About 40     | <input type="checkbox"/> About 100 |
| <input type="checkbox"/> About 50     |                                    |

**G6.**

Do most people your age think its OK to smoke cigarettes once in a while?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |



## SECTION H: FRIENDS AND TOBACCO USE

**H1.**

How many of your best friends smoke cigarettes?

☐  
  
☐

None

☐

Some

A few

☐

A lot

**H2.**

During the last month (30 days), how many times have you been offered a cigarette?

☐

None

☐

3 or 4 times

☐

1 time

☐

5 or more times

☐

2 times

**H3.**

The last time you were offered a cigarette, who offered it? (**Be sure to mark one answer only.**)

☐

I have never been offered a cigarette

☐

A young person I do not know well

☐

A brother or sister

☐

An adult I do not know well

☐

A cousin

☐

An adult I know well

☐

One of my friends

☐

Other (specify)\_\_\_\_\_

**H4.**

If one of your best friends were to offer you a cigarette, would you smoke it?

☐

Definitely yes

☐

Probably not

☐

Probably yes

☐

Definitely not

**H5.**

At any time during the next year (12 months), do you think you will smoke a cigarette?

☐

Definitely yes

☐

Probably not

☐

Probably yes

☐

Definitely not

**H6.**

If one of your best friends were to offer you a cigar, would you smoke it?

☐

Definitely yes

☐

Probably not

☐

Probably yes

☐

Definitely not



## SECTION I: RULES ABOUT SMOKING

11. Is there a rule at your school that no one is allowed to smoke cigarettes in the school building or on the school yard?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

12. Have you seen any students break that rule?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know/I'm not sure                 |
| <input type="checkbox"/> No  | <input type="checkbox"/> My school does not have a no-smoking rule |

13. Is there a rule at your school that no one is allowed to use chewing tobacco or snuff in the school building or on the school yard?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

14. Have you seen any students break that rule?

- ☐ Yes ☐ I don't know/I'm not sure
- ☐ No ☐ My school does not have a no-chewing tobacco or snuff rule

15. Have you ever seen signs at your school that say "Tobacco Use is Not Allowed"?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

16. During the last year (12 months), how many times have you asked someone not to smoke around you?

- ☐ I have not been around someone smoking during the last year
- ☐ I was around someone smoking, but I never asked them not to smoke
- ☐ I asked someone not to smoke once or twice
- ☐ I asked someone not to smoke several times
- ☐ I asked someone not to smoke many times

17. The last time you asked someone not to smoke, who was the person?

☐



- ☐ I have never asked someone not to smoke around me ☐ A young person I do not know well
- ☐ A brother or sister ☐ An adult I do not know well
- ☐ A cousin ☐ An adult I know well
- ☐ One of my friends ☐ Other (specify) \_\_\_\_\_



## SECTION J: EXPOSURE TO SMOKE

J1.

Think about the last 7 days. On how many of those days were you in the same room with someone who was smoking cigarettes?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

J2.

Again, think about the last 7 days. On how many of those days were you in the same room with someone, outside of your home, who was smoking cigarettes?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

J3.

Again, think about the last 7 days. On how many of those days did you ride in a car with someone who was smoking cigarettes?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/>        | <input type="checkbox"/>        |

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

## SECTION K: YOUR SCHOOL

**K1.**

What school do you attend? (If your school is not listed below, please write in the name of your school next to “Other,” at the bottom of the list.)

- |   |  |
|---|--|
| <input type="checkbox"/> Alta Mesa Elementary           | <input type="checkbox"/> Laurelwood Elementary           |
| <input type="checkbox"/> Alta Vista Elementary          | <input type="checkbox"/> Leavenworth (Ann B.) Elementary |
| <input type="checkbox"/> Antelope Elementary            | <input type="checkbox"/> Lee Vining Elementary           |
| <input type="checkbox"/> Apperson Street Elementary     | <input type="checkbox"/> Legette (Earl) Elementary       |
| <input type="checkbox"/> Arlington Heights Elementary   | <input type="checkbox"/> Lincoln Elementary              |
| <input type="checkbox"/> Bay View Elementary            | <input type="checkbox"/> Litel (Gerald F.) Elementary    |
| <input type="checkbox"/> Beaman Elementary              | <input type="checkbox"/> Loma Rica Elementary            |
| <input type="checkbox"/> Big Bear Elementary            | <input type="checkbox"/> Los Cerritos Elementary         |
| <input type="checkbox"/> Birney Elementary              | <input type="checkbox"/> Lower Lake Elementary           |
| <input type="checkbox"/> Boulder Creek Elementary       | <input type="checkbox"/> Mammoth Elementary              |
| <input type="checkbox"/> Bridgeport Elementary          | <input type="checkbox"/> Manzanita Elementary            |
| <input type="checkbox"/> Buckeye Elementary/Junior High | <input type="checkbox"/> Marina Del Mar Elementary       |
| <input type="checkbox"/> Cabrillo Elementary            | <input type="checkbox"/> Mammoth Elementary              |
| <input type="checkbox"/> Carmichael (C. Roy) Elementary | <input type="checkbox"/> Markham Elementary              |

(Continued on next page.)

- |   |  |
|---|--|
| <input type="checkbox"/> Castro Elementary          | <input type="checkbox"/> McCoppin Elementary     |
| <input type="checkbox"/> Cattle (Howard) Elementary | <input type="checkbox"/> McKinley Elementary     |
| <input type="checkbox"/> Cedar Grove Elementary     | <input type="checkbox"/> Morse Avenue Elementary |
| <input type="checkbox"/>                            | <input type="checkbox"/>                         |

<input type="checkbox"/> Cedar Lane Elementary	<input type="checkbox"/> Northridge Elementary
<input type="checkbox"/> Cornell Elementary	<input type="checkbox"/> Olivehurst Elementary
<input type="checkbox"/> Dailey Elementary	<input type="checkbox"/> O'Neill (Marquerite M.) Elementary
<input type="checkbox"/> Dickey (Levi H.) Elementary	<input type="checkbox"/> Palma Ceia Elementary
<input type="checkbox"/> Dillard Elementary	<input type="checkbox"/> Pioneer Elementary
<input type="checkbox"/> Down (Robert) Elementary	<input type="checkbox"/> Pomo Elementary
<input type="checkbox"/> Doyle Elementary	<input type="checkbox"/> Quincy Elementary
<input type="checkbox"/> Edna Hill Elementary	<input type="checkbox"/> Revere (Paul) Elementary
<input type="checkbox"/> El Dorado Avenue Elementary	<input type="checkbox"/> Robinson Elementary
<input type="checkbox"/> Ellerhorst Elementary	<input type="checkbox"/> Roosevelt Elementary
<input type="checkbox"/> Evergreen Elementary	<input type="checkbox"/> Shaffer Elementary
<input type="checkbox"/> Far West Elementary	<input type="checkbox"/> Shasta Meadows Elementary
<input type="checkbox"/> Fletcher Walker Elementary	<input type="checkbox"/> Southgate Elementary
<input type="checkbox"/> Flynn (Leonard R.) Elementary	<input type="checkbox"/> Union Avenue Elementary
<input type="checkbox"/> Gard Street Elementary	<input type="checkbox"/> Visitation Valley Elementary
<input type="checkbox"/> Glen Yermo Elementary	<input type="checkbox"/> Washington (George) Elementary
<input type="checkbox"/> Hamilton Elementary	<input type="checkbox"/> Westlake Elementary
	<input type="checkbox"/> Woodrow Wilson Elementary
	<input type="checkbox"/> Other (name school)

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**THANK  
YOU!**

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